

Fwd: Dr. Patel and Dr. Lawler reg and tia forms

From: Weston Black <westonjblack@gmail.com>
To: Raghuveer R Chintalapally <raghuveer@omniplushealthcare.com>
Cc: Brad Madrid <brad@pharmsmgmt.com>; Chad Southard <southardconsulting@gmail.com>; Scott Breimeister <sbreimeister@sbcglobal.net>
Bcc: westonjblack@gmail.com
Date: Mon, 08 Sep 2014 14:49:12 +0000
Attachments: Patel Lawler Reg and TIA forms.pdf (3.95 MB)

Hi Raghu,

I hope you had a good weekend. Thanks so much for your time here last week. It was very beneficial and I know it will help us drive a lot of new business. Speak of which - I will give you a call on your cell today to discuss the attached providers. These are the big hitters we took to dinner last Wednesday evening. They are ready to start writing RX's for Omni and are stating that they are able to produce three times more volume than Dr. Tran (our second biggest producer). It would be optimal to alert the team and put an * by both of their names to make sure the first 30+ days of RX submissions go very smoothly. This premier customer services should include making sure the standing order (default second option, cash pay)... go very smoothly and require minimal to no contact with the providers office.

As discussed, historically we've lost a number of large opportunities b/c we got off to a rough start and I want to make sure to do everything possible to avoid this happening with Dr. Patel and Lawler. Thanks in advance. Please let me know how I can help you make this successful.

Sincerely,

Weston J. Black
214.244.4279

----- Forwarded message -----

From: Leslie Luttrell <luttrellleslie@gmail.com>
Date: Mon, Sep 8, 2014 at 9:27 AM
Subject: Dr. Patel and Dr. Lawler reg and tia forms
To: "<brad@pharmsmgmt.com>" <brad@pharmsmgmt.com>
Cc: Weston Black <westonjblack@gmail.com>, Chad Southard <southardconsulting@gmail.com>

Please add these to our ss. Dr. Patel will be sending in scripts today

Thanks!

--
Leslie Luttrell
Account Manager
Intuitive Healthcare Solutions, LLC
619-599-3047

--
Weston J. Black
214.244.4279

GOVERNMENT
EXHIBIT

624

4:18-CR-368

Therapeutic Interchange Authorization

Authority

As a provider who holds an active license to practice medicine as authorized by the Texas State Board of Medical Examiners, I, Parul Patel, State License Number: 1452 ("Prescriber"), authorize Raghuveer Chintalapally, RPh, who holds an active pharmacist license issued by the Texas State Board of Pharmacy ("Pharmacist"), and Pharmacist who is acting as the pharmacist-in-charge (PIC) of OmniPlus Pharmacy, located at 4916 Main Street, #100, Houston, Texas 77002 ("Pharmacy"), to manage and/or treat patients under my care pursuant to a written order from me.

Scope of Authorization

Under receipt of this executed order, Pharmacist will have the authority to modify a patient's prescription ordered by the provider defined in this agreement, when reasonable cause for a medication change is substantiated. In managing and/or treating patients, Pharmacist may modify transdermal pain cream therapy, transdermal scar treatment therapy and nutritional supplements therapy as described on the attached Exhibit A.

In addition, in the event the originally-ordered quantity of the prescribed medication is not covered by the patient's insurance due to such quantity exceeding patient's insurance plan limitations, Pharmacist may change such originally-prescribed quantity to an adequate lesser quantity as approved by the patient's insurance.

Documentation

The patient's pharmaceutical care record will contain a notation of this change. That documentation will include, at a minimum, the reason for the encounter, prescription changes and all necessary patient demographic information.

Record Retention

Each signatory to this Authorization shall keep a signed copy of this document on file at their primary place of practice. Additionally, the records maintained in the pharmaceutical care record shall be kept by Pharmacist and be available for at least two (2) years from the date of such record. Pharmacist shall report back to Prescriber any specific decisions made during the course of disease state management by means of electronic mail, hand-delivered mail, or fax the patient's clinical medical record.

Review and Duration

This Authorization may be reviewed and revised at any time at the time of request of any signatories.

Rescindment or Alteration of Agreement

A signatory may rescind from this Authorization or a patient may withdraw from treatment under at any time. Prescriber may override this Authorization whenever he or she deems such action necessary or appropriate for a specific patient without affecting any authorization relative to other patients.

Term

This Authorization includes patients currently under the care of Prescriber and extends for a period of one (1) year from this date unless rescinded earlier in writing.

IN WITNESS WHEREOF, this Authorization has been signed by the parties hereto as of the date indicated below.

Pharmacist:

By: _____

Print Name: _____

Date: _____

Prescriber:

X By: [Signature]

Print Name: Papul Patel

Date: 9/5/14

Practice Name: Infinity Foot and Ankle, PA

Address: 1801 N. Hampton Rd #340 City, State, Zip: Dallas, TX 75115

Phone: 972-274-5708 Fax: 972-274-1471

* generic options for

- Anti fungal nail lotion
- topical Anti fungal cream
- plantar fascitis

per conversation with Raghu

EXHIBIT A

General Pain Cream Formulations

Originally Prescribed: **GPI-2B** (Tramadol 5%, Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2%)

First Substitute Formula: **Voltaren Gel 500gm**

Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)

Third Substitute Formula: **GPI-ISPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Back & Radicular Pain Cream Formulations

Originally Prescribed: **BRP-3** (Ketamine 10%, Gabapentin 6%, Clonidine 0.2%, Flurbiprofen 10%, Lidocaine 2%)

First Substitute Formula: **Voltaren Gel 500gm**

Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)

Third Substitute Formula: **GPI-ISPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Originally Prescribed: **BRP-4** (Gabapentin 6%, Clonidine 0.2%, Diclofenak 2%, Pentoxifylline 2%, Lidocaine 2%)

First Substitute Formula: **Voltaren Gel 500gm**

Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)

Third Substitute Formula: **GPI-ISPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Neuropathic and Chronic Pain Cream Formulations

Originally Prescribed: **NCP-5** (Ketamine 10%, Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Lidocaine 2.5%)

First Substitute Formula: **Voltaren Gel 500gm**

Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)

Third Substitute Formula: **GPI-ISPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Originally Prescribed: **NCP-7B** (Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%)

First Substitute Formula: **Voltaren Gel 500gm**

Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)

Third Substitute Formula: **GPI-ISPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Originally Prescribed: **NCP-9B** (Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2%, Diclofenak 3%)

First Substitute Formula: **Voltaren Gel 500gm**

Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)

Third Substitute Formula: **GPI-ISPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Scar Formulations

Originally Prescribed: **SCAR GEL** (Fluticasone Propionate 1%, Levocetirizine 2%, Pentoxifylline 0.5%, Prilocaine 3%, Gabapentin 15%)

Substitution: **SCAR-SPEC NON-PAIN** (Betamethazone Acetate 0.05%, Levocetirizine 1%, Pentoxifylline 1%)

Originally Prescribed: **SCAR GEL (NON-PAIN)** (Fluticasone Propionate 1%, Levocetirizine 2%, Pentoxifylline 0.5%)

Substitution: **SCAR-SPEC (NON-PAIN)** (Triamcinolone 0.01%, Levocetirizine 1%, Pentoxifylline 1%, Lidocaine 5%)

Metabolic Supplements

Originally Prescribed: **MS-21/MS-22**

MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg

MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU

Substitution: **MS-1**

Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU

Originally Prescribed: **MS-31/MS-32**

MS-31: Resveratrol Powder 100mg, Piperine 20mg

MS-32: Hydrocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vitamin D3 1,000IU

Substitution: **MS-1** (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU)

Originally Prescribed: **MS-81/MS-82**

MS-81: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg, Resveratrol 100mg, Piperine 10mg

MS-82: Coenzyme Q10 100mg, Alpha Lipoic Acid 125mg, N-Acetylcysteine 250mg, Vitamin D3 1,000 IU, Resveratrol 100mg,

Piperine 10mg

Substitution: **MS-1** (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU)

X Plp 9/5/14
MD Initials Date

RPh Initials

Date



NEW PHYSICIAN REGISTRATION FORM

Every field MUST be completed

First name: Parul

Last name: Patel

E-Mail: ppatel@infinityfootandankle.com

Address of clinic/practice: 1800 Hampton Road
Desoto TX 75115

Telephone#: 972-274-5708

Fax#: 972-274-7471

DEA#: BP7538765

NPI#: 1518982834

License#: 1652

DPS# (if Texas prescriber): 10130535

Sales Rep Name: Intuitive Healthcare Solutions, LLC/Leslie Luttrell

Sales Rep E-Mail: luttrellleslie@gmail.com

Sales Rep Phone Number: 619-599-3047

Upon completion e-mail this form to Scott@pharmsmgmt.com

Therapeutic Interchange Authorization

Authority

As a provider who holds an active license to practice medicine as authorized by the Texas State Board of Medical Examiners, I, Kelly Lawler, State License Number: 2042 ("Prescriber"), authorize Raghuvier Chintalapally, RPh, who holds an active pharmacist license issued by the Texas State Board of Pharmacy ("Pharmacist"), and Pharmacist who is acting as the pharmacist-in-charge (PIC) of OmniPlus Pharmacy, located at 4916 Main Street, #100, Houston, Texas 77002 ("Pharmacy"), to manage and/or treat patients under my care pursuant to a written order from me.

Scope of Authorization

Under receipt of this executed order, Pharmacist will have the authority to modify a patient's prescription ordered by the provider defined in this agreement, when reasonable cause for a medication change is substantiated. In managing and/or treating patients, Pharmacist may modify transdermal pain cream therapy, transdermal scar treatment therapy and nutritional supplements therapy as described on the attached Exhibit A.

In addition, in the event the originally-ordered quantity of the prescribed medication is not covered by the patient's insurance due to such quantity exceeding patient's insurance plan limitations, Pharmacist may change such originally-prescribed quantity to an adequate lesser quantity as approved by the patient's insurance.

Documentation

The patient's pharmaceutical care record will contain a notation of this change. That documentation will include, at a minimum, the reason for the encounter, prescription changes and all necessary patient demographic information.

Record Retention

Each signatory to this Authorization shall keep a signed copy of this document on file at their primary place of practice. Additionally, the records maintained in the pharmaceutical care record shall be kept by Pharmacist and be available for at least two (2) years from the date of such record. Pharmacist shall report back to Prescriber any specific decisions made during the course of disease state management by means of electronic mail, hand-delivered mail, or fax the patient's clinical medical record.

Review and Duration

This Authorization may be reviewed and revised at any time at the time of request of any signatories.

Rescindment or Alteration of Agreement

A signatory may rescind from this Authorization or a patient may withdraw from treatment under at any time. Prescriber may override this Authorization whenever he or she deems such action necessary or appropriate for a specific patient without affecting any authorization relative to other patients.

Term

This Authorization includes patients currently under the care of Prescriber and extends for a period of one (1) year from this date unless rescinded earlier in writing.

IN WITNESS WHEREOF, this Authorization has been signed by the parties hereto as of the date indicated below.

Pharmacist:

By: _____

Print Name: _____

Date: _____

Prescriber:

X By: _____

Print Name: _____

Date: _____

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

- * generic option for
- Topical Anti fungal cream
 - Anti fungal nail lotion
 - plantar Fasciitis

Per conversation with Raghu

EXHIBIT A

General Pain Cream FormulationsOriginally Prescribed: **GPI-2B** (Tramadol 5%, Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2%)First Substitute Formula: **Voltaren Gel 500gm**Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)Third Substitute Formula: **GPI-1SPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)**Back & Radicular Pain Cream Formulations**Originally Prescribed: **BRP-3** (Ketamine 10%, Gabapentin 6%, Clonidine 0.2%, Flurbiprofen 10%, Lidocaine 2%)First Substitute Formula: **Voltaren Gel 500gm**Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)Third Substitute Formula: **GPI-1SPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)Originally Prescribed: **BRP-4** (Gabapentin 6%, Clonidine 0.2%, Diclofenak 2%, Pentoxifylline 2%, Lidocaine 2%)First Substitute Formula: **Voltaren Gel 500gm**Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)Third Substitute Formula: **GPI-1SPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)**Neuropathic and Chronic Pain Cream Formulations**Originally Prescribed: **NCP-5** (Ketamine 10%, Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Lidocaine 2.5%)First Substitute Formula: **Voltaren Gel 500gm**Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)Third Substitute Formula: **GPI-1SPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)Originally Prescribed: **NCP-7B** (Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%)First Substitute Formula: **Voltaren Gel 500gm**Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)Third Substitute Formula: **GPI-1SPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)Originally Prescribed: **NCP-9B** (Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2%, Diclofenak 3%)First Substitute Formula: **Voltaren Gel 500gm**Second Substitute Formula: **ALT-1B** (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)Third Substitute Formula: **GPI-1SPEC** (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)**Scar Formulations**Originally Prescribed: **SCAR GEL** (Fluticasone Propionate 1%, Levocetirizine 2%, Pentoxifylline 0.5%, Prilocaine 3%, Gabapentin 15%)Substitution: **SCAR-SPEC NON-PAIN** (Betamethazone Acetate 0.05%, Levocetirizine 1%, Pentoxifylline 1%)Originally Prescribed: **SCAR GEL (NON-PAIN)** (Fluticasone Propionate 1%, Levocetirizine 2%, Pentoxifylline 0.5%)Substitution: **SCAR-SPEC (NON-PAIN)** (Triamcinolone 0.01%, Levocetirizine 1%, Pentoxifylline 1%, Lidocaine 5%)**Metabolic Supplements**Originally Prescribed: **MS-21/MS-22****MS-21:** Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg**MS-22:** Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcystine 250mg, Vitamin D3 1,000IUSubstitution: **MS-1**

Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcystine 250mg, Vitamin D3 1,000IU

Originally Prescribed: **MS-31/MS-32****MS-31:** Resveratrol Powder 100mg, Piperine 20mg**MS-32:** Hydrocobalamine 20mg, Coenzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vitamin D3 1,000IUSubstitution: **MS-1** (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcystine 250mg, Vitamin D3 1,000IU)Originally Prescribed: **MS-81/MS-82****MS-81:** Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg, Resveratrol 100mg, Piperine 10mg**MS-82:** Coenzyme Q10 100mg, Alpha Lipoic Acid 125mg, N-Acetylcystine 250mg, Vitamin D3 1,000 IU, Resveratrol 100mg,

Piperine 10mg

Substitution: **MS-1** (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcystine 250mg, Vitamin D3 1,000IU)

MD Initials

Date

RPh Initials

Date



NEW PHYSICIAN REGISTRATION FORM

Every field MUST be completed

First name: Kelly
Last name: Lawler
E-Mail: Klawler@infinityfootandankle.com
Address of clinic/practice: 1800 Hampton Road
Desoto TX 75115
Telephone#: 972-274-5708
Fax#: 972-274-1471
DEA#: BL9373856
NPI#: 1073840161
License#: 2042
DPS# (if Texas prescriber): 80205242
Sales Rep Name: Intuitive Healthcare Solutions, LLC/Leslie Luttrell
Sales Rep E-Mail: luttrellleslie@gmail.com
Sales Rep Phone Number: 619-599-3047

Upon completion e-mail this form to Scott@pharmsmgmt.com